

Please complete all the questions in the form.  
 If you have nothing to record, please state "Not Applicable" or "None".

Section 1 – Applicant Details	
First Name:	Date of Birth:
Surname:	
Email Address:	
Main Telephone Number:	
Mobile Number:	
<b>Are you:</b> (please tick as appropriate)	
<input type="checkbox"/> Applying as a business or organisation, including a sole trader <input type="checkbox"/> Applying as an individual	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Is your business registered in the UK with Companies House?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number:	
Is your business registered outside the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name:	If your business is registered, use its registered name. Put "None" if you are not registered for VAT.
VAT Number:	
Legal Status:	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Charity or Association <input type="checkbox"/> Public Body
Your position in the business:	
<b>Business Address:</b> (If you have one, this should be your official address – this is an address required of you by law for receiving communications.)	
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	

Section 2 – Application Details				
Type of Application: <i>(Please tick as appropriate)</i> <input type="checkbox"/> New <input type="checkbox"/> Renewal				
Existing Licence Number:				
Type of Boarding Offered: <input type="checkbox"/> Commercial <input type="checkbox"/> Home <input type="checkbox"/> Day Care				
<b><u>Animals to be Accommodated:</u></b>				
Cats	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No              Maximum Number:
Dogs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No              Maximum Number:

Section 3 – Premises to be Licenced	
Name of Premises/Trading Name:	
<b><u>Address:</u></b>	
Is this address the same as the address given in Section One?	If "No" enter details below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
<b><u>Contact Details:</u></b>	
Are the contact details the same as those given in Section One?	If "No" to enter details below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:	
Main Telephone Number:	
Mobile Number:	
Do you have planning permission for this business use? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 4 – Accommodation & Facilities**

Details of the quarters used to accommodate animals, including number, size and type of construction:

Exercise facilities and arrangements:

Heating arrangements:

Method of ventilation of premises:

Lighting arrangements (natural & artificial)

Water supply:

Facilities for food storage & preparation:

Arrangements for disposal of excreta, bedding & other waste material:

Isolation facilities for the control of infectious diseases:
Fire precautions/equipment and arrangements in the case of fire (Emergency Plan):
Arrangements for keeping a register/record of animals:
Arrangements for minimising the disturbance from noise:

Section 5 – Veterinary Surgeon	
Name of Usual Veterinary Surgeon:	
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
<b><u>Contact Details:</u></b>	
Email Address:	
Main Telephone Number:	
Mobile Number:	

Section 6 – Emergency Key Holder	
Do you have an emergency key holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete details below)
Name:	
Position/Job Title:	
Address:	
Daytime Telephone Number:	
Evening/Other Telephone Number:	
Email Address:	

Section 7 – Public Liability Insurance	
Do you have public liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete details below)
Insurance Company:	Policy Number:
Period of Cover:	Amount of Cover (£m):
If "No", please state what steps you are taking to obtain such insurance:	

Section 8 – Disqualifications & Convictions	
Has the applicant or any persons who will have control or management of the establishment ever been disqualified from: (if yes to any of the below, please provide details in Section 9)	
Keeping a pet shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping a dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping an animal boarding establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping a riding establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having custody of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any person who will have control or management of the establishment been convicted of any offences under the Animal Welfare Act 2006?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any person who will have control or management of the establishment ever had a licence refused, revoked or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 9 – Additional Information

Provide any additional information which is required or relevant to your application:  
*(Review the relevant licence conditions and guidance notes which provide details of specific requirements in your area)*

## Section 10 – Payment Details & Declaration

**Payment:** The appropriate application fee must accompany the application. The current fee structure can be found at [www.chelmsford.gov.uk/licensing](http://www.chelmsford.gov.uk/licensing)

**Licence Conditions & Guidance:** I have read – *(Tick as appropriate)*

Boarding for Cats     Boarding for Dogs     Home Boarding     Dog Day Care

**Additional Documentation:** *Please tick to indicate that you have attached the following documentation to your application:*

A plan of the premises:	<input type="checkbox"/>	Infection Control Procedure:	<input type="checkbox"/>
Insurance Policy:	<input type="checkbox"/>	Qualifications:	<input type="checkbox"/>
Operating Procedures:	<input type="checkbox"/>	Training Records	<input type="checkbox"/>
Risk Assessments (including fire):	<input type="checkbox"/>		

**Declaration:** *(Must be completed by the applicant)*

I am aware of the provisions of The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Ticking this box indicates you have read and understood the above declaration.

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed please send the form, fee and relevant attachments to the following:

Public Health & Protection Services  
Chelmsford City Council  
Civic Centre  
Duke Street  
Chelmsford  
Essex, CM1 1JE

Email: [safe.support@chelmsford.gov.uk](mailto:safe.support@chelmsford.gov.uk)

Telephone: 01245 606606